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| 1. Entity Name CRUISE'S LIMO SERVICE, INC. FILED GO NOV 30 PM 9: 54 11500 GULF BOULEVARD TREASURE ISLAND FL 33706 11500 GULF BOULEVARD TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. FEN Number Island FL 33706 2. Principal Place of Business 3. Mailing Address 3. Mailing Address 4. FEN Number Island FL 33706 2. Principal Place of Business 3. Mailing Address 3. Mailing Address 4. FEN Number Island FL 33706 2. Principal Place of Business 3. Mailing Address 3. Mailing Address 5. Certificate of Status Desired 5. Certificate of | | DUNIFORM BUSIN | | RT (UBR | <u> </u> | | | | |
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| INSO CASE ROULEVARD INSO C | | e cano ocivios, mo | | | | | | | |
| Surto, Apt. F. etc. Surto, Apt. Su | Principal Plac | | | ño NOA 30 | PM 9: 54 | ‡ | | | |
| Suite, Apt. F. etc. Suite, Apt. F. etc. City & State Ci | | | | 706 | | SECRETARY TALLAHASSE | OF STATE E FLORID <i>i</i> | ١ | |
| City & State Ci | Principal Place of Business 3, Mailing Address | | | - | | | | | |
| 20 Country Zip Country S. Certification of Status Desired S. 75 Anatosical Fee Required Fee Req | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | R | FINCTATION | IS SPACE | | |
| S. Name and Address of Current Registered Agent O.NEAL ROCK 1. Name and Address of Steve Registered Agent O.NEAL ROCK 1. Manne and Address of Steve Registered Agent 1. Manne and Address of Steve Registered Agen | City & State | | City & State | | 4. | | | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Should Sho | Zip | Country | Zip . | Country | 5. | | \$8.75 Ad | ditional | |
| Shear Address (P.O. Box Number is Not Acceptable) Shear Address (P.O. Box Number is Numb | | 6. Name and Address of Current Re | gistered Agent | | 7. 1 | Name and Address of New Register | | | <u> </u> |
| 8. The above named entity submits this stagement for the purpose of changing its registanced office or registered agent, or both, in the State of Florida. SIGNATURE Signature | 145 | | | Box Number is Not Acceptable) | | | | | |
| SIGNATURE Superminist or present trans or implantmentation with the Replacedus. NOTE: Reputative Agent signature recursives which contribution. Date: | ····· | | | | 1500 Ecsul | # / 2/ | L Zip Coo | <u> </u> | |
| 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria or back) After SEPTEMBER 13, 2000 Min. will be \$750.00 make Check Payable to Department of State 11. | 8. The above | named entity submits this statement for the | ne purpose of changing its | registered office or r | egistered ag | ent, or both, in the State of Florida. | | | |
| Make Check Payable to Department of State Trust Fund Contribution. Added to Fees | SIGNATURE | Signature Aled or printed name of registered agent and | title if applicable. (NOTE | : Registered Agent signature | e required when re | einstating) DAT | ندريد | 200 | |
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